

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 11/14/2004		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 11/16/2004							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	10486	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		8599	452	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	281	11358	11609	251	
		8931	247	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.					
3404902	BLUE RIDGE COMMUNITY	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404904	WESTERN HIGHLANDS LME	8599	174	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		167	33	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM	24	292	2119	1827	
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404905	TREND COMMUNITY HEALTH CENTER	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404910	PATHWAYS	11	250	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8599	159	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	594	4047	3453	
		27	64	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB					
3404912	CATAWBA COUNTY HEALTH	8931	91	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.					
		8000	31	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL	99	171	1245	1074	
		8599	20	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404913	MECKLENBURG COUNTY HEALTH	8933	458	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.					
		8599	359	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	564	1257	4443	3186	
		8517	112	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM					

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404916	CROSSROADS BEHA	8517	162	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	VIORAL HEAL							
		8518	159	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	337	398	61
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404917	CENTERPOINT HUM	11	1584	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	AN SERVICES							
		8599	429	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	291	2541	8297	5756
		8931	140	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	311	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT							
		8599	34	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	379	767	388
		8935	15	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404919	GUILFORD CO MEN	8517	178	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	TAL HEALTHC							
		8599	144	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	449	6810	6361
		8518	43	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASHEL	8599	234	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	L AREA MH D							
		8000	31	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL	12	319	4751	4432
		537	20	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404921	ORANGE PERSON C	7702	971	IPRS DOES NOT ACCEPT ONE OR MORE OF THE BILLED MODIFIERS PLEASE CORRECT THE MODIFIER IN				
	HATHAM AREA							
		5312	580	PRIOR AUTHORIZED DOLLARS EXCEEDED	40	1901	5189	3288
		8599	81	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	21	251	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8517	80	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	379	630	251
		8518	32	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923	YGFV AREA AUTHO	11	142	CLIENT NOT ELIGIBLE ON SERVICE				
	RITT			DATE				
		8599	60	DETAIL NOT COVERED BY COMBINAT	0	218	1453	1235
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	7	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404925	SANDHILLS CENTE	8599	317	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	267	CLAIMS DENIED, SUBMITTED BEYON	46	1125	2393	1268
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	137	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN SE	11	212	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8517	170	CLAIMS DENIED, SUBMITTED BEYON	69	971	3686	2715
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	145	DUPLICATE OF CLAIM-SYSTEM				
3404927	CIMBERLAND CO M	8505	1586	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	174	DETAIL NOT COVERED BY COMBINAT	1	1833	3411	1578
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	32	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404929	LEE HARNETT MH/	8952	15	CLAIM DENIED DUE TO AGE RESTRI				
	DD/SAS			CTIONS FOR TARGET POPULATION				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE	0	37	530	493
				DATE				
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNLT HLTHC							
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC	8935	22	ASTNC INELIGIBLE TO RECEIVE SE				
	BILLING OF			RVICES IN IPBS.				
		8599	12	DETAIL NOT COVERED BY COMBINAT	25	39	117	78
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPBS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	167	757	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
		8000	77	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	8	950	1697	747
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow COUNTY B ENAVIORAL H	11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	69	600	531
		24	7	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	13	DUPLICATE OF CLAIM-SYSTEM				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	22	233	211
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8625	1	SIX OCCURRENCES OF ASAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
		0	0		0	1	236	4
3404938	YGFV DBA RIVERS TONE COUNSE	8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8625	15	SIX OCCURRENCES OF ASAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER	16	86	1092	1006
		24	9	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404939	NEUSE MENTAL HE ALTH CENTER	11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	16	17	1
3404941	PITT CO MH/DD/S AS CENTER	8599	278	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	449	1120	671
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	23	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	7	81	1486	1405
		21	7	DUPLICATE OF CLAIM-SYSTEM				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	537	28	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	22	148	1518	1370
		191	18	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMANA SERVICES	21	204	DUPLICATE OF CLAIM-SYSTEM				
		8599	89	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43	444	1719	1275
		8621	63	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAMENTAL HEALTH	8599	827	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	404	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	1325	4978	3653
		143	50	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDEWATER MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	90	90
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAMENTAL HEALTH/SA PRO	21	15	DUPLICATE OF CLAIM-SYSTEM				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	41	446	405
		8599	8	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				